

MULTIPLE DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT/		
CLAIMS								
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.				
1					51			
2					52			
3					53			
4					54			
5					55			
6					56			
7					57			
8					58			
9					59			
10					60			
11					61			
12					62			
13					63			
14					64			
15					65			
16					66			
17					67			
18					68			
19					69			
20					70			
21					71			
22					72			
23					73			
24					74			
25					75			
26					76			
27					77			
28					78			
29					79			
30					80			
31					81			
32					82			
33					83			
34					84			
35					85			
36					86			
37					87			
38					88			
39					89			
40					90			
41					91			
42					92			
43					93			
44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL IND.					TOTAL IND.			
TOTAL DEP.	↔	↔	↔	↔	TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	1	2	3	4	TOTAL CLAIMS	1	2	3